

## **Board of Optometry**

400 R Street, Suite 4090 Sacramento, CA. 95814 Tel: (916) 323-8720 www.optometry.ca.gov



## Request for Approval to Perform Lacrimal Irrigation and Dilation Procedures

Business and Professions Code section 3041(e)(6) requires that California licensed optometrists must complete ten lacrimal irrigation and dilation procedures under the supervision of an ophthalmologist(s), as confirmed by the ophthalmologist, before the optometrist will be approved to independently perform the procedures. Optometrists wishing to obtain such approval must use this form to document qualifying experience.

Upon receipt of documentation of 10 qualifying procedures, the Board of Optometry will issue an Approval to Perform Lacrimal Irrigation and Dilation Procedures to the Optometrist.

## This section is to be competed by the ophthalmologist(s) supervising the procedures.

I certify under penalty of perjury under the laws of the State of California that the California licensed optometrist listed herein has competed all or such portion of lacrimal irrigation and dilation procedure as is indicated below. I understand that any misstatements of material facts may be cause for the denial of the licensed optometrist's lacrimal irrigation and dilation procedure approval and cause for disciplinary action by the Board.

Name of Optometrist:	O	ptometrist License Number:	

	Date of Procedure	Signature of Supervising Ophthalmologist	Name of Supervising Ophthalmologist
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## This section to be completed by optometrist requesting Approval to Perform Lacrimal Irrigation and Dilation Procedures.

I certify under penalty of perjury under th information provided on this form is true of misstatements of material facts may be ca Approval to Perform Lacrimal Irrigation disciplinary action.	e laws of the State of California that the and I understand and agree that any use for the denial of my request for	
Signature	Date	
This section to be competed by Board s	taff.	
Approve/Disapprove:		
Signature		
Date		
Duit		
Printed Name		

(LIDP-1, 6-03)